

**MEMORANDUM OF UNDERSTANDING BETWEEN THE
ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS),
THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY (ADES),
THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM(AHCCCS),
THE ARIZONA DEPARTMENT OF EDUCATION (ADE),
THE ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS (ADJC),
AND THE ADMINISTRATIVE OFFICE OF THE ARIZONA SUPREME COURT
(AOC)**

I. Recitals

ADHS, ADES, AHCCCS, ADE, ADJC, and AOC are state agencies or governmental entities that have statutory responsibility to serve the multiple needs of children and families. In many cases, multiple agencies have shared responsibility for the delivery and coordination of services for the same child or family. The term ASOCIOS: Partnering with Families® refers to Arizona's statewide initiative to transform its system of care for children and families. SOCIOS partnering respects, engages and includes each family in identifying its strengths and resources, challenges and needs, and in planning and using supports and services.

In June, 2001, the United States District Court of Arizona approved a Settlement Agreement on behalf of all children who are eligible for Title XIX services (*J.K. vs. Eden, et. al.*, No, CIV 91-261 TUC-JMR) against ADHS and AHCCCS. As part of the agreement, ADHS and AHCCCS, by enlisting the support and cooperation of other state agencies or governmental entities, agreed to improve the delivery of behavioral health services to children and families consistent with the Arizona Vision as defined in the Settlement Agreement:

In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion, and in accordance with best practices, while respecting the child's and family's cultural heritage.

In implementing the terms of the Settlement Agreement, ADHS and AHCCCS agreed to foster the development of a behavioral health system that delivers services according to the Arizona Vision and 12 Principles (attached and incorporated as part of this Memorandum). All ADHS and AHCCCS contracts, decisions, practice guidelines and policies related to the delivery of behavioral health services shall be consistent with and designed to achieve the 12 Principles. In addition, ADHS and AHCCCS agreed, when needed, to enter into agreements or understandings with ADES, ADE, ADJC, and AOC to make the necessary changes to the behavioral health system in accordance with the Principles.

The state agencies or governmental entities through this Memorandum of Understanding (MOU) have formed an advisory committee known as the **Executive Committee** whose purpose is to collaborate and collectively ensure that behavioral services are provided to children and families according to the Arizona Vision and the 12 Principles as noted:

The Principles

- **Collaboration with the Child and Family** - Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment, planning, delivery and evaluation of behavioral health services, and their preferences are taken seriously.
- **Functional Outcomes** Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults.
- **Collaboration with Others** When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health service plan is collaboratively implemented.
- **Accessible Services** Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need.
- **Best Practices** Behavioral health services are provided by competent individuals who are adequately trained and supervised. Services are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based **best practice**. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.
- **Most Appropriate Setting** Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs.
- **Timeliness** Children identified as needing behavioral health services are assessed and served promptly.
- **Services Tailored to the Child and Family** The unique strengths and needs of children and their families dictate the type, mix and intensity of behavioral health services provided. Parents and children are encouraged to articulate their own strengths and needs, the goals they are seeking and what services they think are required to meet these goals.
- **Stability** Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk.
- **Respect for the Child and Family's Unique Cultural Heritage** Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.

- **Independence B** Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
- **Connection to Natural Supports B** The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

II. Scope

The Executive Committee (ACommittee@) is comprised of designated representatives from ADHS, ADES, AHCCCS, ADJC, ADE (Agencies@) and AOC (ACourt@) approved by each agency Director, agency head or the Court. Each representative shall have knowledge and be familiar with the behavioral health system and the behavioral health needs of children and families served by the agency. In addition, the Committee will have representation from a family member, at least one Regional Behavioral Health Authority and others as needed.

The Committee's purpose is to improve coordination and collaborative efforts, discuss and resolve any system barriers to care and to address any related efforts in the delivery of behavioral health services to children and families. The actions of the Committee are advisory to the respective agency Directors, agency heads or the Court and cannot serve to bind any single agency or the Court or require it to perform an act with which it does not agree.

ADHS shall be the lead agency in coordinating the activities of the Committee. Activities include scheduling of meetings, preparation and dissemination of meeting agendas, preparation and dissemination of meeting minutes, however, the chairing of the meetings are intended to be shared among the agencies.

All actions of the Court pursuant to this MOU must be consistent with the Court's constitutional powers as found in Article VI, Sections 1,3, & 7. A.R.S. ' 8-202(A) to (H) outlines the jurisdiction of the juvenile court. Nothing in this MOU shall be construed as limiting judicial discretion or violating the constitutional separation of powers and independence of the judiciary.

The Committee shall meet monthly or more frequently if necessary. Stakeholders, advocates, other state agency personnel, family members and members of the public may, at the discretion of the Committee, attend and participate in Committee meetings. However, the Committee is not an Ainstrumentality of the state@for purposes of the Open Meeting Law and may, at its discretion, conduct meetings privately to discuss and decide matters that affect agency or Court policies, budgets, legislation or for legal advice.

Committee meetings shall be conducted informally with open discussion that promotes information sharing and allows the agencies and the Court to develop and implement strategies to resolve problems or issues related to the delivery of behavioral health services to children and families.

When discussing issues and developing strategies for improving the delivery of behavioral health services, the Committee shall try, in good faith, to ensure that the Committee's decisions, recommendations and actions are consistent with and designed to achieve the Arizona Vision and the 12 Principles.

Sub committees of the Committee will be formed at the Committee's discretion and staffed by agency or Court membership, ensuring that the participant with knowledge and expertise is engaged in the committees in order to provide an on-going forum to discuss operational activities related to specific collaborative efforts. Subcommittees are advisory and shall provide reports and recommendations to the Committee. They may include but may not be limited to:

- A. The Family Involvement Subcommittee B Membership should consist of at least 51% family representation. The purpose of this subcommittee is to facilitate collaborative efforts between the child serving agencies, family representatives and community-based, family organizations. Focused efforts will include development and sustainability of meaningful family involvement throughout all levels of planning and implementation of behavioral health projects and activities.
- B. The Clinical Subcommittee B The purpose of the subcommittee is to address clinical issues that apply to children and families serviced by multi-agencies. This may include but not be limited to:
 - 1. Screening Tools
 - 2. Service Planning Guidelines
 - 3. Policies, Procedures and Operating Protocols
 - 4. Program Needs Assessment
 - 5. Program Development
- C. The Training Subcommittee B The purpose of the subcommittee is to develop a cross-system training curriculum focused on systems and the delivery of services in accordance with the Arizona Vision and 12 Principles.
- D. The 200 Kids Project Steering Committee, the Interagency Case Management Project (ICMP) and the Multi-State Agency Teams (MATs) B The purpose of this Committee, the ICMP and the MATs are to ensure the behavioral health services are provided in accordance with the 12 Principles to children and families participating in the 200 Kids Project. The Committee and the MATs may form workgroups to study

specific issues related to the initiatives and provide knowledge, skill, advice and expertise in guiding the day to day operations.

E. Ad Hoc Committees as designated by the Executive Committee.

III. Agreement Term

This Agreement shall become effective from the date it is signed and shall continue in force and effect until terminated by any party pursuant to Section IV.

IV. Termination

Any party to this Agreement may indicate its intention to terminate the Agreement by providing written notice to all other parties in the manner set forth in Section V of this Agreement 60 days in advance of the termination.

V. Notices

Any and all notices, requests or demands given or made upon the parties, pursuant to or in connection with this Agreement, unless otherwise noted, shall be delivered in person or sent by interoffice or United States Mail, postage prepaid, to the parties at their respective addresses as indicated on the signature page of this document.

Date: _____

Catherine R. Eden
Director, Arizona Department of Health Services

Phylliss Biedess
Director, Arizona Health Care Cost Containment System

John Clayton
Director, Arizona Department of Economic Security

Jaime Molera
Superintendent, Arizona Department of Education

David Gaspar
Director, Arizona Department of Juvenile Corrections

David K. Byers
Director, Administrative Office of the Courts